

11/15/04

Docket No: ACY33484-00
Patent

RCE/1645
JRW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re of Application of: METCALF, Benjamin J.
Application No.: 10/019,164 Examiner: Patricia Ann Duffy
Filed: December 20, 2001 Art Unit: 1645
For: PRODUCTION OF THE LIPIDATED FORM OF THE
PETIDOGLYCAN
Confirmation No: 3977
Customer Number: 25291

Mail Stop RCE
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL (37 C.F.R. 1.114)
AND PETITION FOR EXTENSION OF TIME

Sir:

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL (37 C.F.R. 1.114)

This is a request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

NOTE: *If the above-identified application was filed prior to May 29, 2000, applicant may wish to consider filing a continued prosecution application (CPA) under 37 C.F.R. 1.153 (d) (PTO/SB/29) instead of a RCE to be eligible for the patent term adjustment provisions of the AIPA. See Changes to Application Examination and Provisional Application Practice, Interim Rule, 65 Fed. Reg. 14865 (Mar. 20, 2000), 1233 Off. Gaz. Pat. Office 47 (Apr. 11, 2000), which established RCE practice.*

1. Submission required under 37 C.F.R. 1.114

(a) ☐ Previously submitted

☐ Consider the amendment(s)/reply under 37 C.F.R. 1.16 previously filed on

(Any unentered amendment(s) referred to above will be entered.)

☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on

☐ Other:

CERTIFICATE OF MAILING 37 CFR §1.10

I hereby certify that this paper and the documents referred to as enclosed therein are being deposited with the United States Postal Service on the date written below in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number ER672186751US addressed to the Mail Stop RCE, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

November 12, 2004
Date

Rose Ann Jastrow
RoseAnn Jastrow

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01 FC:1801 790.00 DA
02 FC:1253 980.00 DA

- (b) ☒ Enclosed
☒ Amendment/Reply
☒ Affidavit(s)/Declaration(s)
☐ Information Disclosure Statement (IDS)
☐ Other:

2. Miscellaneous

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103 (c) for a period of _____ months (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17 (i) required)
b. ☐ Other:

3. Fees [The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.]

The fees are calculated as follows:

- (a) ☒ RCE fee required under 37 C.F.R. § 1.17(e): \$790.00
(b) ☐ Other: \$0.00

Total Fees: \$790.00

PETITION FOR EXTENSION OF TIME

4. (a) ☒ Applicant petitions for an extension of the time for the total number of months checked below:

| | | | | |
|-------------------------------------|---------------|----------------------|----|----------|
| <input type="checkbox"/> | One Month. | Fee in the amount of | \$ | 110.00 |
| <input type="checkbox"/> | Two Months. | Fee in the amount of | \$ | 430.00 |
| <input checked="" type="checkbox"/> | Three Months. | Fee in the amount of | \$ | 980.00 |
| <input type="checkbox"/> | Four Months. | Fee in the amount of | \$ | 1,530.00 |
| <input type="checkbox"/> | Five Months. | Fee in the amount of | \$ | 2,080.00 |

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

- ☐ An extension for _____ month(s) has already been secured and the fee paid therefor of \$0.00 is deducted from the total fee due for the total months of extension now requested.

OR

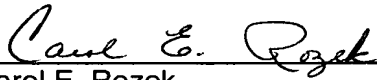
- (b) ☐ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

Extension fee due with this request: \$980.00

5. Method of Payment of Fees:

Charge Deposit Account No. 01-1425 in the amount of: \$1,770.00.
A duplicate of this transmittal is attached.

6. Instructions as to Overpayment:
Credit any overpayment to Deposit Account No. 01-1425.
7. Authorization to Charge Additional Fees
☒ If any additional extension and/or fee for claims is required, charge
Account No. 01-1425.



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